POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	UT	6207	9/12/10
O.I.P.E. CLASSIFIER	LW	335	9/1
FORMALITY REVIEW		71040	11/3/20
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✔	.... Rejected	N	....	Non-elected
=	.... Allowed	I	....	Interference
—	(Through numeral)... Canceled	A	....	Appeal
÷	.... Restricted	O	....	Objected

Claim		Date							
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Claim		Date							
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If more than 150 claims or 10 actions
staple additional sheet here

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